

# Lone Tree Camps Youth Retreat Registration/ Health History Form

**Lone Tree Facility Attending      Ranch Fort Lakeshore Missions**

*Please circle one*

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care.

**(The top section to be filled in by parents/ guardian of minors or adult campers/ staff members themselves.**

Date of Camp \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Last Grade in School \_\_\_\_\_ Church or Group \_\_\_\_\_

Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**For campers under 18:**

Father's Occupation \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Guardian's Occupation \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

***In case of emergency and neither parent can be reached notify:***

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent colds, etc)

**Check if applicable:**

Camp nurse may administer: \_\_\_\_\_ Tylenol \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Cough Drops to my child.

List any current medication being taken and why they are needed

Operations or serious injuries (dates) \_\_\_\_\_

List any Swimming or Activity Restrictions \_\_\_\_\_

**Parent's Insurance Company** \_\_\_\_\_

**Insurance Company Phone#** ( \_\_\_\_\_ ) \_\_\_\_\_

***\*\*Please attach photocopy of front and back of Insurance Card (helpful in emergencies).***

If you or your child should require medical attention while at one of the Lone Tree Camps for injuries received or illnesses contracted prior to coming, please send information necessary to give him/her proper medical service during this time.

In case of emergency, I hereby give permission to the physician selected by the camp director or his staff to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for me or my child as named above. I also hereby give my permission for me or my child to participate in all activities, including but not limited to Swimming, Boating activities, Blobbing, Bike ramp, River float, Hot Springs, Field Sports, Mountain Rappelling, Vehicle Transportation, Climbing, Waterslide, Mechanical Bull, Archery, Rifle Range, Hayrides, Horseback Riding, Cycling, Zipline Swings, Caving, Diggler Mountain Scooters.

I am also responsible for securing transportation for my child from camp, pick up will be supervised and approved by myself or by the designated on-site leader that attends camp with the camper's church or school group.

I agree to assume, as an explicit condition of my or my child's/ward's participation, any all risks, including, but not limited to those enumerated above. **I agree to release, discharge and hold harmless Lone Tree Inc., it's staff, the sponsoring church or group and its members from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward.**

I realize, also, that in the event of illness or injury while attending camp or participating in its activities, medical treatment may be required, I hereby give permission for any such treatment to be rendered, and **I agree to bear the cost** of such treatment. If any changes occur, I will contact the director in writing.

Periodically, photographs, videos, or interviews are taken during the camp session. I acknowledge that by my or my child's/ward's participation in a Lone Tree camp session, I give permission and consent for any such photographs, videotapes or interviews to be used or published to illustrate, report, promote or advertise the camp.

**Health History**

(Check if applies. Give approximate dates.)

- Frequent Ear Infections \_\_\_\_\_
- Heart Defect/Disease \_\_\_\_\_
- Convulsions/Epilepsy \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Bleeding/Clotting Disorders \_\_\_\_\_
- Hypertension/A.D.D. \_\_\_\_\_
- Mononucleosis \_\_\_\_\_

**Disease**

**Vaccination**

(Check if applies. Give approximate dates.)

- |   |       |
|---|-------|
| <input type="checkbox"/> Chicken Pox      | _____ |
| <input type="checkbox"/> Measles          | _____ |
| <input type="checkbox"/> German Measles   | _____ |
| <input type="checkbox"/> Mumps            | _____ |
| <input type="checkbox"/> DPT              | _____ |
| <input type="checkbox"/> TD               | _____ |
| <input type="checkbox"/> Tetanus Test     | _____ |
| <input type="checkbox"/> Tuberculin Test  | _____ |
| <input type="checkbox"/> Influenza b (HB) | _____ |

**List any allergies (include food allergies)**

\_\_\_\_\_

**Current Treatment for above:**

\_\_\_\_\_

\_\_\_\_\_  
FATHER/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE